

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=63-022940

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUD

AMENDED

Registration District No. 351

Primary Registration District No. 6181

Registrar's No. 47

FILED MAY 20 1963

1. PLACE OF DEATH a. COUNTY Sullivan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Sullivan	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Penn Twp.		c. CITY OR TOWN Green City	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Farm home		d. STREET ADDRESS (If outside, give location) No street address	
3. NAME OF DECEASED (Type or print) Lora Agnes Koenig		4. DATE OF DEATH Month May Day 13 , Year 1963	
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 5/17/1874
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Farm home	
11a. BIRTHPLACE (City and state or country) Ravenswood, W. Va.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Arthur Alexander		13b. MOTHER'S MAIDEN NAME Columbia Gray	
14. NAME OF HUSBAND OR WIFE Peter Koenig		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	
16. INFORMANT Mrs. Nellie Kiger, Green City, Mo.		17. ADDRESS	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion DUE TO (b) Coronary Sclerosis DUE TO (c) General Arteriosclerosis		INTERVAL BETWEEN ONSET AND DEATH 1 week 10 years 10 years	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION Green City, Mo.		
21. I attended the deceased from Feb. 24, 1948 to May 13, 1963 and last saw her alive on May 11, 1963 Death occurred at 4:30 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.		22c. DATE SIGNED May 14, 1963	
22a. SIGNATURE R.D. Smith D.O.	22b. ADDRESS Green City, Mo.		22c. DATE SIGNED May 14, 1963
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE May 15, 1963	23c. NAME OF CEMETERY OR CREMATORY Hawkeye Cemetery	23d. LOCATION (City, town, or county) Sullivan County, Mo.
24. FUNERAL DIRECTOR Glenn E. Kenton, Green City, Mo.		25. DATE RECD. BY LOCAL REG. 5-16-63	26. REGISTRAR'S SIGNATURE Mrs. M.W. Beckett

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

USE BLACK INK
OR
TYPEWRITER RIBBONVS 300
Rev. 4/59

1 1050

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Karl R. Kent

Licensed Embalmer No.

4689

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.